

**Reserve Police Officers Association
Scholarship Application Form**

Please Print or Type
All Questions must be completed in full
Applications must be received at RPOA June 30th

Date: _____

PLEASE PRINT LEGIBLY

APPLICANT INFORMATION

Last Name _____ First _____ MI _____ Date of Birth _____
Street Address _____ City _____ ST _____ Zip _____
Mailing Address (if different) _____ City _____ ST _____ Zip _____
Home Phone (____) _____ Fax Number (____) _____ Email Address _____

SPONSORING RPOA MEMBER INFORMATION

Last Name _____ First _____ MI _____ Member ID # _____
Street Address _____ City _____ ST _____ Zip _____
Sponsors Daytime Phone (____) _____ Evening Phone (____) _____ Email Address _____
Applicant Relationship to RPOA Member _____

SCHOLARSHIP CRITERIA

Name and Address of School Applicant is considering applying: _____

Name of High School or College Attended _____ GPA of Applicant _____ Major _____
Address of High School or College Attended _____

List any Civic Groups and Volunteer Activities Applicant is involved:
(For member applicants, do not include law enforcement/criminal justice volunteer/part-time paid positions)

List the Names, Address, and Telephone numbers of three (3) references not related to applicant:

1. _____
2. _____
3. _____

Scholarships will be based on the information listed above as well as the requirements specified below:

- Applicants must be a regular member or a spouse or child of a regular member.
- Member must be in good standing
- Applicant must submit 500 word (no more, no less) essay on why the scholarship is needed (grammar and spelling will be considered).
- One passport sized photograph.
- If applicant is under 18 years of age, a signed letter must accompany essay by member parent or guardian, verifying that essay was completed without assistance.
- Applicant agrees that RPOA can use photos and essay for publication unless otherwise specified.
- The scholarship committee will determine cash amount of scholarship.
- Members can sponsor themselves.

I certify that I have reviewed the above requirements and I do in fact wish to apply for the RPOA Scholarship.

Signed _____ Date _____

MAIL TO: RPOA 105 FULLERTON AVE YONKERS NY 10704